MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I AMENDMENT IND. DEP. IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 24. TOTAL IND TOTAL IND TOTAL DEP TOTAL CLAIMS TOTAL CLAIMS